FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

l	OMB APPROVAL								
l	OMB Number:	3235-0287							
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l	hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Vaughn Victor						2. Issuer Name and Ticker or Trading Symbol SUPERNUS PHARMACEUTICALS INC [SUPN]									5. Relationship of Reportii (Check all applicable) Director X Officer (give title			10% Ov Other (s	vner	
(Last) (First) (Middle) C/O SUPERNUS PHARMACEUTICALS, INC. 1550 EAST GUDE DRIVE					01	/02/20	018				th/Day/Year)				below)	Sr. VP				
(Street) ROCKVILLE MD 20850 (City) (State) (Zip)					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								3. Indiv Line) X	′					
		,		lon-Deri	ivativ	e Sec	urit	ties Ac	cauire	d. D	isnosed o	f. or B	enefici	ially	Owned					
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/			tion	2A. E Exec if any	Deeme ution		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amor Securiti Benefic Owned		nt of es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 01/02/20						18		M ⁽¹⁾		55,000	Α	\$7.	9	64,	4,344 ⁽²⁾		D			
Common Stock 01/02/20					2018	18		S ⁽¹⁾		55,000	D	\$40.11	47(3)	9,	9,344		D			
		-	Γable Ι								posed of, , convertil				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amou or Numb of Share	er						
Employee Stock Option (Right to	\$7.9	01/02/2018			M ⁽¹⁾			55,000	(4)	02/05/2023	Commo Stock	ⁿ 55,00	00	\$0	30,000)	D		

Explanation of Responses:

- $1.\ Transaction\ made\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ adopted\ November\ 21,\ 2017.$
- 2. Includes an aggregate of 785 shares acquired by the Reporting Person through the Issuer's Employee Stock Purchase Plan subsequent to the date of the Reporting Person's most recent filing on Form 4.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$40.0000 to \$40.7000, inclusive. The reporting person undertakes to provide to Supermus Pharmaceuticals, Inc. ("Supermus"), any security holder of Supermus, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote (3) to this Form 4.
- 4. The option became exercisable in four equal installments beginning on February 5, 2014, which was the first anniversary of the date on which the option was granted.

/s/ Gregory S. Patrick, as attorney-in-fact 01/04/2018

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.